

Report Date: 27 Jun 2012

**Summary Report for Individual Task
081-833-3017
Insert a Urinary Catheter
Status: Approved**

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

DESTRUCTION NOTICE: None

Condition: You have a medical officer's order for urinary catheterization of an adult patient. You will need an adult disposable #14 to #16 (French) (latex or silicone) catheter, drainage bag attached set, sterile gloves, betadine swabs, benzalkonium chloride antiseptic cleaning agent (in case patient has an allergy to betadine or iodine) located inside kit, a penlight/flashlight or standing lamp, chux pads , sheet for draping, pen and an SF 600 (Medical Record-Chronological Record of Medical Care). You are not in a CBRN environment.

Standard: Insert a urinary catheter without violating aseptic technique or causing further injury to the patient.

Special Condition: None

Special Standards: None

Special Equipment:

Safety Level: Low

MOPP:

Task Statements

Cue: None

DANGER
None

WARNING
None

CAUTION
None

Remarks: None

Notes: None

Performance Steps

1. Perform a patient care handwash.
2. Confirm the patient's identity and inquire about allergies to betadine solution or betadine prep swabs and allergies to tape, in accordance with, (IAW) local standard operating procedures, (SOP).
 - a. Use two patient identifiers.
 - (1) Ask patient state his full name.
 - (2) Ask patient his date of birth (DOB).
 - b. Check patient for allergy band.
 - c. Check patient's chart for any known drug allergies.
3. Explain the procedure to the patient.

Note: Patient will feel reassured if the procedure is explained and if they are handled gently and considerately.
4. Position the patient.

Note: Elevate bed to a height/position of comfort for you while performing procedure and raise the top two side rails for patient safety.

 - a. Provide privacy for the patient.
 - b. Place patient in a supine position with knees bent, hips flexed and feet resting on the bed.
5. Direct light for visualization of genital area.
6. Position chux pads between patient's legs and under the hips.
7. Put on sterile gloves.
8. Prepare catheterization kit.
 - a. Open catheter tray using aseptic technique.
 - b. To create the sterile field, open the prepackaged kit or equipment tray and place it between the female patient's legs.
 - c. For male patient place it next to their hip.
9. Place the sterile drape under the patient's hips.
10. Drape the patient's lower abdomen with the sterile fenestrated drape so that only the genital area remains exposed.

Note: Take care not to contaminate your sterile gloves.
11. Open the rest of the kit or tray.
12. Tear open the packet of antiseptic cleaning agent.

Note: Be careful not to spill the solution on the equipment.

- a. Saturate the sterile cotton balls or applicators.
- b. Open the packet of water-soluble lubricant and apply it to the catheter tip.
- c. Make sure all tubing ends remain sterile and make sure the clamp at the emptying port of the drainage bag is closed to prevent urine leakage from the bag.
- d. Before inserting the catheter, inflate the balloon.

(1) Attach the prefilled syringe to the luer-lock.

(2) Push the plunger and check for seepage as the balloon expands.

(3) Aspirate the water to deflate the balloon.

Note: Beware that some manufacturers recommend not inflating the balloon prior to insertion because of the risk of microtears that may cause infection. If you are unsure, check the manufacturer's instructions that are included with the kit.

13. Insert the catheter.

Note: Bacteria that normally colonize the distal urethra may be introduced into the bladder during or immediately after catheter insertion.

a. Female.

(1) Separate labia majora and the labia minora as widely as possible with the thumb, middle and index fingers of your nondominant hand so you have a full view of the urinary meatus.

(2) Keep the labia well separated throughout the procedure so they don't obscure the urinary meatus or contaminate the area when it's cleaned.

Note: This maneuver helps prevent labial contamination of the catheter.

WARNING

Do not contaminate your sterile gloved hand.

(3) With your dominant hand, use a sterile, cotton-tipped applicator (or pick up a sterile cotton ball with the plastic forceps).

(a) Wipe one side of the urinary meatus with a single downward motion.

(b) Dispose of the cotton-tipped applicator or cotton ball after use.

(c) Secure another sterile applicator or cotton ball and wipe the other side of the urinary meatus with a single downward motion disposing after use.

(d) Secure a third sterile applicator or cotton ball and wipe directly over the meatus and dispose after use.

WARNING

Too large of a catheter may cause painful distention of the meatus and cause damage to the uroepithelium.

(4) Introduce the well lubricated catheter 2-3 inches (5-7.5 cm) into the urethral meatus using strict aseptic technique, while continuing to hold the labia apart.

Note: If the catheter is inadvertently inserted into the vagina, leave it there as a landmark. Remove gloves, obtain another sterile set and then begin the procedure over again using new sterile supplies.

(a) Avoid contaminating surface of the catheter.

(b) Make sure that the catheter is not too large or too tight at the urethral meatus.

(c) Advance the catheter almost to the bifurcation.

Note: If catheter is correctly placed, you should see a urine flow through tubing and into the drainage bag.

b. Male.

(1) Hold the penis with your nondominant hand.

(2) If the patient is uncircumcised, retract the foreskin.

(3) Gently lift and stretch the penis to a 60 to 90 degree angle. Continue holding the penis this way throughout the procedure to straighten the urethra and maintain a sterile field.

(4) Use your dominant hand to clean the glans with a sterile cotton-tipped applicator or a sterile cotton ball held in the forceps.

(5) Clean in a circular motion, starting at the urinary meatus and working outward, disposing the applicator or cotton ball after use.

(6) Repeat the cleaning procedure two more times, disposing of the cotton-tipped applicator or cotton ball after each use.

(7) Inject 5-10 ml of water-soluble lubricant or water-soluble 2% Lidocaine jelly directly into the urethra.

(8) Pick up the catheter with your dominant hand, and prepare to insert the lubricated tip into the urinary meatus.

WARNING

Never force a catheter during insertion. Maneuver gently as the patient bears down or coughs. If you still meet resistance, stop and notify the medical officer.

(9) To facilitate insertion by relaxing the sphincter, ask the patient to cough as you insert the catheter.

(a) Tell him to breathe deeply and slowly to further relax the sphincter and spasms.

(b) Hold the catheter close to its tip to ease insertion and control its direction.

(10) Advance the catheter to the bifurcation.

Note: With some commercially prepared catheterization kits, the catheter is pre-connected to the drainage tubing of the collecting bag.

(a) Check for urine flow.

(b) If foreskin was retracted, replace it to prevent compromised circulation and painful swelling.

WARNING

Never inflate the balloon without first establishing urine flow.

CAUTION

Make sure the catheter is draining properly before inflating the balloon, then withdraw the catheter slightly.

14. Inflate balloon (male and female patients).

Note: Inflation of balloon will keep the catheter in place in the bladder.

a. Push the plunger of your prefilled syringe.

b. Inject 5-10 ml of sterile water, or IAW with manufacturer's directions when urine stops flowing.

c. Remove syringe after inflation of balloon from the luer-lock post of catheter.

d. Hang the collection bag below bladder level to prevent urine reflux into the bladder and to facilitate gravity drainage of the bladder.

15. Tape and secure the catheter.

a. Tape catheter to thigh to prevent possible tension on the urogenital trigone in female patients.

b. Tape the catheter to the male patient's abdomen or thigh to prevent pressure on the urethra at the penoscrotal junction.

Note: The penis may be positioned up or down (facing the patient's head or feet), depending upon the patient's diagnosis, the medical officer's order, and/or the patient's comfort preference.

c. Alternatively, you can secure the catheter to the patient's thigh using a leg band with a Velcro closure.

Note: Securing of catheter with Velcro closure decreases skin irritation, especially in patients with long term indwelling catheters.

CAUTION

Do not secure the drainage bag to the bed side rails or loop the drainage tubing over or through the side rails.

16. Secure the drainage bag to the side of the bed on the bottom of the bed frame.

17. Reposition the patient.

a. Lower patient's bed back down and make sure brake is in locked position.

b. Lower upper side rails as appropriate on patient's bed.

18. Dispose of all used supplies properly IAW local infection control SOP.

a. Prefilled syringe should be disposed of in sharp's container and not waste receptacle.

b. Remove and dispose of gloves and wash hands.

19. Remove gloves.

20. Document on SF 600 (Medical Record-Chronological Record of Medical Care)..

a. Patient's tolerance of procedure.

b. Amount of urine in foley bag.

c. Note any color, odor (if any detected) and sedimentation if any.

(Asterisks indicates a leader performance step.)

Evaluation Preparation: Setup: Use a simulated patient mannequin that can accept a urinary catheter.

Brief Soldier: Tell the soldier to insert a urinary catheter.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Performed a patient care hand-wash.			
2. Confirmed patient identity and allergies.			
3. Explained procedure to patient.			
4. Positioned patient.			
5. Directed light for visualization of genital area.			
6. Placed chux pads between patient's legs and under the hips.			
7. Put on sterile gloves.			
8. Prepared catheterization kit.			
9. Placed the sterile drape under patients hips.			
10. Draped the patient's lower abdomen with the sterile fenestrated drape so that only the genital area remains exposed.			
11. Opened the rest of the kit or tray.			
12. Tore open the packet of antiseptic cleaning agent.			
13. Inserted the catheter.			
14. Inflated the balloon.			
15. Taped and secured the catheter.			
16. Secured the drainage bag to the side of the bed on the bottom of the bed frame.			
17. Repositioned the patient.			
18. Disposed of all used supplies properly IAW local infection control SOP.			
19. Removed gloves.			
20. Documented procedure on SF 600.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	978-0781765213	Textbook of Basic Nursing 9th edition, Caroline Bunker Rosdahl, Mary T. Kowalski	No	No
	SF FORM 600	HEALTH RECORD - CHRONOLOGICAL RECORD OF MEDICAL CARE	Yes	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks :

Task Number	Title	Proponent	Status
N/A	N/A	Not Selected	Obsolete